MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5582

85

1929 MAR 21

1. PLACE OF DEATH
County: Buchanan — Registration District No.: — File No.:
Township: — Primary Registration District No.: 1001 — Registered No.: 251
City: St. Joseph, Mo. (No. 122 East Lake Blvd. St. Ward)

2. FULL NAME: Alice Louise Crapp

(a) Residence. No. 122 East Lake Blvd. St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. H. Crapp

6. DATE OF BIRTH (MONTH, DAY AND YEAR): November 24 1864

7. AGE: Years 64 | Months 3 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Bethel
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Isaac Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Bethel
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Mary Agee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Bethel
(STATE OR COUNTRY): Missouri

14. INFORMANT: William Henry Crapp
(Address): 122 East Lake Blvd.

15. FILED: FEB 27 1929 — John G. Fitz — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): February 25, 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 23 1929, to Feb 25 1929, that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 10:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Labar
10d
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

2/26, 1929 (Signed) L. W. Tuson, M. D
(Address) Kirk Bldg. St. Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park — DATE OF BURIAL: Feb 27, 1929

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.